

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		END.	OEP.	END.	OEP.
	END.	OEP.	END.	OEP.	END.	OEP.				
1							61			
2							62			
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35							95			
36							96			
37							97			
38							98			
39							99			
40							100			
41							TOTAL END.	4		
42							TOTAL OEP.	6		
43							TOTAL TOTAL	10		